CITY OF ALEXANDRIA
CODE ENFORCEMENT BUREAU
301 KING STREET, SUITE 4200
ALEXANDRIA, VIRGINIA 22314
(703) 838-4360 FAX (703) 838-3880

MECHANICAL APPLICATION

IMPORTANT - Applicant to complete ALL applicable Items.   **MASTER MUST SIGN APPLICATION**   **Shaded boxes are FOR OFFICIAL USE ONLY.**

Permit Number	1. Project Name	**Master Permit**

2. Project Address	Floor/Suite Number	3. Date Applied

4. Owner	5. Phone: Home - Work -

6. Owners Mailing Address (if different from project address)

7. Work Done By (check one) ☐ Owner   ☐ Contractor **(for Contractors, <u>MASTER's signature is mandatory</u> in box #13 below**

8. Contractor Name	9. Phone	10. Business Address
11. Master's Name	**12. Master's Card Number**	**13. Master's Signature**

14. State Contractor License Number Class: ☐ A ☐ B ☐ C	15. Business License Number Reciprocity? ☐ Yes ☐ No

16. Project Description

17. Code Edition	18. Use Group	19. Construction Type	20. ☐ Residential ☐ Commercial

21. Type of Work: ☐ New   ☐ Alteration   ☐ Repair   ☐ Replacement   ☐ Other   **22. Estimated Cost $**
Location: ☐ Interior ☐ Exterior

23. ☐ Existing Building   ☐ New Building | 24. Number of: Diffusers_____ Registers_____ Grilles_____ | 25. Number of: _____ Woodstoves _____ Prefab Fireplaces

26. Equipment Data:

	TYPE	**MANUFACTURER**	**MODEL**	**K-BTU'S**	**WEIGHT**	**LOCATION**
1						
2						
3						
4						

AFFIDAVIT

I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances.

_____
Signature of Owner or Authorized Agent

_____
Printed Name of Person Applying for Permit

_____
Address   Phone/Pager

APPROVALS	**PERMIT FEES**
Engineer	**TOTAL** $
Date Approved	Deposit Rec'd $
Date Issued	Deposit Date
Engineer. Aide / Rec'd By: / Issued By:	Notes:
Drawings Attached? ☐ Yes ☐ No	

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